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# HEALTH PROFILE

## Asia and the Near East

The U.S. Agency for International Development is a key partner in the U.S. President's Emergency Plan for AIDS Relief.

### Overall HIV Trends

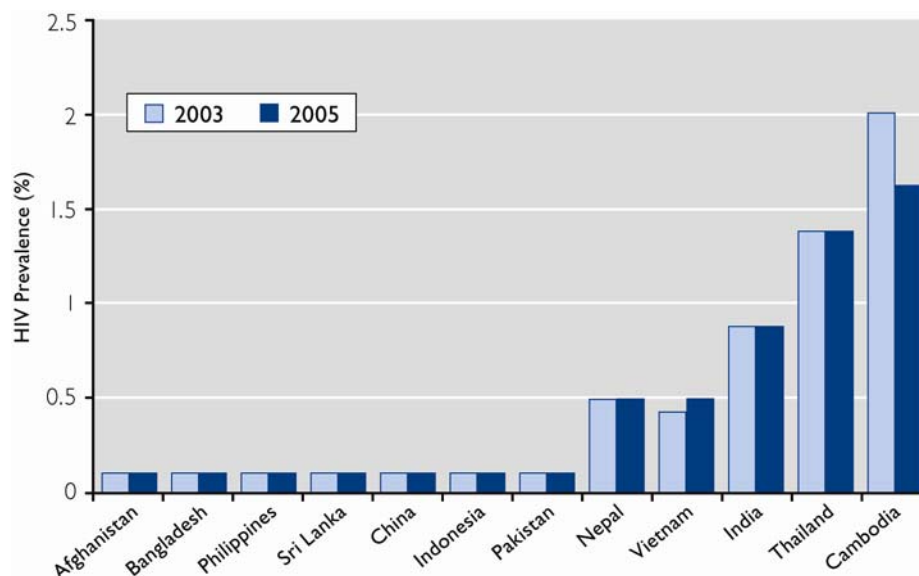


National HIV infection levels in Asia and the Near East are low compared with those in Africa. However, prevalence rates are increasing across the region, with the highest increases in East and Central Asia, where the number of people living with HIV in 2006 was 21 percent higher than in 2004. In South and Southeast Asia, the number of new HIV infections rose by 15 percent. Even though prevalence rates may be low, the large populations of many Asian nations mean that large numbers of people have HIV infection. For all of Asia, the latest estimates show that 9.2

million people (2 million of them adult women) were living with HIV in 2005, including 1,035,100 people who became newly infected in the past year, and that AIDS claimed approximately 673,000 lives in 2006 (UNAIDS, 2006).

Risky behaviors (often more than one) continue to sustain serious AIDS epidemics in Asia. At the heart of many of Asia's epidemics lies the interaction between injecting drug use and unprotected sex, much of it commercial. The characteristics of transmission, such as the percentage attributed to injecting drug users (IDUs) or commercial sex workers, vary greatly among countries. Most infections occur around corridors or areas of development and industrialization where mobile populations, migrant workers, and commercial sex workers are key factors in transmission. In India, two-thirds of reported HIV infections are in mainly industrialized areas of six of the country's 28 states. Knowledge about HIV is limited in India, and in many areas HIV transmission through sex between men is also a major cause for concern.

### Trends in HIV Prevalence, 2003–2005 (Adults 15–49 Years)



Source: UNAIDS. 2006 Report on the Global AIDS Epidemic.

The figure on the previous page shows recent trends of HIV prevalence in selected Asian and Near Eastern countries. Cambodia and Thailand, two countries that limited their earlier epidemics, are designing and implementing programs to reduce HIV transmission among groups who were not the central focus of previous responses, such as IDUs, sex workers, and men who have sex with men. Thailand has experienced a substantial decline in national prevalence and has made considerable progress in providing HIV treatment. It is the only country that has succeeded in providing treatment to at least 50 percent of those who need it. In Cambodia, the epidemic is stabilizing after earlier declines. Behavior change efforts have helped reduce prevalence rates, particularly among sex workers. Prevalence levels among brothel-based sex workers fell from 43 percent in 1995 to 21 percent in 2003. India has lower prevalence than Cambodia and Thailand but has the most people living with HIV infection, an estimated 5.7 million in 2006 (UNAIDS, 2006).

In Vietnam, a focus country in the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR), the epidemic continues to increase, with HIV having been detected in all 64 provinces and all cities. In 2005, the number of people living with AIDS reached 260,000 (twice the number in 2000), largely because of widespread use of nonsterile injecting drug equipment and unprotected sex with prostitutes. In one port city, HIV prevalence reached 67 percent among IDUs and 30 percent among sex workers, many of whom inject drugs (UNAIDS, 2006).

A small but potentially fast-growing proportion of HIV infections in the region is attributed to injecting drug use. Infection rates among IDUs can be high. In some Central Asian countries, such as Afghanistan and Pakistan, injecting drug use is a far greater source of transmission than commercial sex work, accounting for 67 percent of infections compared with 22 percent in South and East Asia. HIV infection levels of 60 to 75 percent have been found among IDUs who use nonsterile injecting equipment (UNAIDS, 2004).

## **Economic and Social Impact of HIV/AIDS in the Developing World**

Illness, disability, and death associated with the HIV/AIDS epidemic affect populations at multiple levels and in multiple ways. The vast majority of people who have the disease are between the ages of 15 and 49, and often the under-30 age group is the most affected. This changes a population's demographic structure and poses a challenge to the systems for supporting dependent populations such as children and the elderly.

The economic and social effects of HIV/AIDS are felt from the family level, where families experience the death and incapacity of loved ones and providers and must cope with the burden of caring for the sick and dying, to businesses, schools, hospitals, and other institutions that suffer the loss of valuable personnel and declines in productivity. Food security is threatened by the effects on food production and the reduced ability of households to afford a nutritious diet. School enrollments decline, and the payoffs of investments in education are undercut by high death rates among young adults. The economic costs of addressing HIV and its effects, both in the health sector and other economic sectors, divert resources from other important needs and from investments critical to economic development. In many cases, the impact of the epidemic on families, communities, and countries has feedback effects that influence the epidemic's future course. For example, poverty and the breakdown of social and economic systems impair community systems that could help stem the spread of infection.

Finally, HIV/AIDS has orphaned many children who are now raised by grandparents or live in households headed by other children. As parents die, the effects on children cannot be overstated. Many children orphaned by HIV/AIDS lose their childhood and are forced by circumstances to become producers of income and food, or caregivers for sick family members. They suffer their own increased health problems related to increased poverty and inadequate nutrition, housing, clothing, and basic care and affection.

## **Partnering for Success: USAID and the U.S. President's Emergency Plan for AIDS Relief**

The U.S. President's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease – a five-year, \$15 billion, multifaceted approach to combating the disease in more than 120 countries around the world, with a special emphasis on 15 focus countries in Africa, the Caribbean, and Asia. In these focus countries, the Emergency Plan has set goals of supporting prevention of 7 million new infections, treatment for 2 million HIV-infected people, and care for 10 million individuals, including orphans and vulnerable children.

The Emergency Plan encompasses all U.S. Government international HIV/AIDS activities, including those implemented by the U.S. Agency for International Development (USAID). Under the Emergency Plan in Asia and the Near East, USAID's staff of foreign service officers, trained physicians, epidemiologists, and public health advisors work with host governments, nongovernmental organizations (NGOs), and the private sector to provide training, technical assistance, and supplies – including [www.usaid.gov](http://www.usaid.gov)

pharmaceuticals – to prevent and reduce the transmission of HIV/AIDS and provide care and treatment to people living with HIV/AIDS. In fiscal year 2007, USAID will continue efforts to prevent the spread of HIV/AIDS using several interventions:

- The ABC approach to prevent sexual transmission of HIV – Abstinence, Be Faithful, Correct and Consistent Use of Condoms
- Prevention of mother-to-child HIV transmission
- Voluntary counseling and testing
- Injection safety and ensuring the safety of blood supplies
- Provision of therapy for concurrent illnesses and opportunistic infections, as well as palliative care
- Nutritional therapy
- Support for orphans and vulnerable children

USAID is uniquely positioned to support multisectoral responses to HIV/AIDS that address the widespread impact of HIV/AIDS outside the health sector. In particular, USAID is supporting cross-sector programs in areas such as agriculture, education, democracy, and trade that link to HIV/AIDS and mutually support the objective of reducing the impact of the pandemic on nations, communities, families, and individuals. Under the Emergency Plan, USAID also supports a number of international partnerships; provides staff support to the Global Fund to Fight AIDS, Tuberculosis and Malaria; and works with local coordinating committees of the Global Fund to improve implementation of the Fund programs and their complement to U.S. Government programs. Finally, USAID supports targeted research, development, and dissemination of new technologies and new packaging and distribution mechanisms for antiretroviral drugs.

### **USAID Support in Asia and the Near East**

In Asia and the Near East, USAID support of the Emergency Plan places special emphasis on one focus country – **Vietnam**. In addition, HIV/AIDS programs are also implemented in a number of other countries, some including Bangladesh, Burma, Cambodia, China, India, Indonesia, Laos, Nepal, Papua New Guinea, the Philippines, and Thailand. Examples of USAID assistance include the following activities and interventions:

- Negotiated a successful agreement with the Bangladesh government and pharmaceutical companies to procure antiretroviral drugs at a 50 percent rebate and supported the country's first in-country training for voluntary HIV counseling and testing, resulting in 731 individuals receiving these services
- Supported an HIV/AIDS surveillance system in Cambodia that gathered and provided accurate prevalence information on a regular basis and demonstrated that HIV prevalence has declined among many high-risk groups, including brothel-based sex workers (from 43 percent in 1998 to 21 percent in 2003), police (6 to 2.5 percent), and indirect sex workers (19 to 11.7 percent)
- Assisted in Cambodia with referrals for orphans and vulnerable children and HIV-positive women to receive care and treatment from other agencies
- In partnership with more than 110 NGOs in India, provided HIV/AIDS education to more than 43,000 prostitutes, 150,000 truckers, and 20,000 at-risk youth; provided care and support services to nearly 8,700 people infected and affected by HIV/AIDS; supported HIV testing and counseling services for more than 28,000 men in 12 port cities; and established an HIV/AIDS hot line that provided counseling to more than 50,000 callers
- In 40 high-prevalence provinces in Vietnam, supported more than 50 voluntary HIV/AIDS counseling and testing services that serve 40,000 to 45,000 clients annually, helping them lead healthy lifestyles and avoid transmitting HIV to others
- Assisted care and support services for 2,413 people living with HIV/AIDS in Indonesia and supported voluntary counseling and testing sites that provided counseling to more than 2,600 clients and testing for 2,432 clients

- Implemented 26 prevention programs and established eight drop-in and wellness centers for injecting drug users and commercial sex workers in China, resulting in a more than fourfold increase in the number of people receiving community outreach services from 6,235 last year to 26,190 this year
- Provided medical care, psychosocial support, nutritional supplements, educational, recreation, and vocational support to 293 orphans and vulnerable children in India

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